

CLAIMS ONLY

Application Number

101718, 153

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|--------------|--|--|--|--|--|
| | Indep. | Depend | Indep | Depend | Indep | Depend | | | | | | |
| 1 | | | | | | | 51 | | | | | |
| 2 | | | | | | | 52 | | | | | |
| 3 | | | | | | | 53 | | | | | |
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| 14 | | | | | | | 64 | | | | | |
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| 18 | | | | | | | 68 | | | | | |
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| 36 | | | | | | | 86 | | | | | |
| 37 | | | | | | | 87 | | | | | |
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| 40 | | | | | | | 90 | | | | | |
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| 48 | | | | | | | 98 | | | | | |
| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| Total Indep | 2 | | | | | | Total Indep | | | | | |
| Total Depend | 6 | | | | | | Total Depend | | | | | |
| Total Claims | 18 | | | | | | Total Claims | | | | | |